

## STATE OF SOUTH DAKOTA

## Statement of Legal Newspaper Ownership and Circulation

Return to: Secretary of State, 500 E. Capitol, Pierre, SD 57501-5077

1. TITLE OF NEWSPAPER GRANT COUNTY REVIEW		2. DATE OF FILING 9-25-00	
3. FREQUENCY OF ISSUE weekly		3A. NO. OF ISSUES PUBLISHED ANNUALLY 52	3B. ANNUAL SUBSCRIPTION \$261.89 <del>local</del> 321108 outside
4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers) 225 S 11 main <del>st</del> PO Box 390 Milbank, SD 57252			
5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printer) PO Box 390 Milbank, SD 57252-0390			
6. FULL NAME OF PUBLISHER: Phyllis Dolan Justice			
7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given. FULL NAME Phyllis Dolan Justice      COMPLETE MAILING ADDRESS PO box 390, Milbank, SD			
8. KNOWN BONDHOLDERS, MORTGAGEES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form) none			
9. EXTENT AND NATURE OF CIRCULATION (See Instructions on reverse side)		AVERAGE NO. COPIES EACH ISSUE D PRECEDING 12 MONTHS	ACTUAL NO. COPIES ISSUE NEAREST TO FILING DATE
A. TOTAL NO. COPIES (Net Press Run)		4400	4450
B. PAID AND/OR REQUESTED CIRCULATION 1. Sales through dealers and carriers, street vendors and counter sales		1601 714	<del>xx98</del> 749
2. Mail Subscription (Paid and or requested)		xx88	xx82
C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 10B1 and 10B2)		3367	3377
D. FREE DISTRIBUTION BY MAIL, CARRIER OR OTHER MEANS		16	16
SAMPLES, COMPLIMENTARY, AND OTHER FREE COPIES		64	62
E. TOTAL DISTRIBUTION (Sum of C and D)		4161	4214
F. COPIES NOT DISTRIBUTED 1. Office use, left over, unaccounted, spoiled after printing		239	136
2. Return from News Agents			
G. TOTAL (Sum of E, F1 and 2 - should equal net press run shown in A)		4400	4350
I declare under penalty of perjury that the statements made by me above are correct and complete.		SIGNATURE AND TITLE OF PUBLISHER, BUSINESS MANAGER OR OWNER <i>Debra Hemmer</i>	



Form: SOS REC 051 01/93

Sworn to before me this 12 day of October, 2000  
Debra L. Hemmer  
 Notary Public

DEBRA HEMMER  
 Notary Public, GRANT COUNTY, S. DAK.  
 My commission expires Oct. 27, 2003  
 My Commission Expires OCT 27, 2003

Plus tax